# UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway - 21st Floor New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION

ALCOA EAST PLANT — PLANT WIDE ABATEMENT  II. FACILITY INFORMATION ( Identity owers, removal contractor, and other operator)  OWNER: ALCOA, INC. EAST PLANT  Address: 194 COUNTY ROUTE 45  City: MASSENA  State: N.Y. 2  Contact: CRAIG PEETS  TREMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.  Address: 63 TRADE ROAD  City: MASSENA  State: N.Y. 2  Contact: GUY GRIFFIN  OTHER OPERATOR: N/A  Address: N/A  City: N/A  Contact: N/A  III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  IV. Is ASBESTOS PRESENT? ("cwl/so): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Address:  City MASSENA  State: N/A  State: N/A  State: N/A  Crity: N/A  Crity: N/A  Crity: N/A  Contact: N/A  III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  IV. Is ASBESTOS PRESENT? ("cwl/so): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Address:  City MASSENA  Site Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Building Size: ESTIM. 20,000 S.F.  Signeton: Signeton: Signeton (including analytical method), is appropriate, used to detect the pressence  OF ABBESTOS MATERIAL:  VIL APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO SACHE AND	
B. FACILITY INFORMATION (Identity owner, removal contractor, and other operator)  OWNER: ALCOA, INC. EAST PLANT  Address: 194 COUNTY ROUTE 45  City: MASSENA  State: N.Y. 2  REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.  Address: 63 TRADE ROAD  City: MASSENA  Contact: CRAIG PEETS  REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.  Address: 63 TRADE ROAD  City: MASSENA  Contact: CRAIG PEETS  TO THER OPERATOR: N/A  Address: N/A  City: N/A  Contact: CRAIG PEETS  III. TYPE OF OPERATION (D = Demolition / R = Renovation); DEMOLITION  IV. Is ASBESTOS PRESENT? (VewNo): YES  V. FACILITY DESCRIPTION (Include building name, number and floor or room number);  Building Name: ALCOA, INC. EAST PLANT  Address: 194 COUNTY ROUTE 45  Address:  City MASSENA  Site Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Building Size: ESTIM. 20,000 S.F.  Squeeter: N/A  Site Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Building Size: ESTIM. 20,000 S.F.  Present use: VACANT  VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  PROFESSION ANALYTICAL, BULK SAMPLING-ANALYTICAL  VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO ASSESTOS BELOW:  NORTH TO THE OWN ANALYTICAL STATES AND ANALYTICAL  PROFESSION ANALYTICAL SULK SAMPLING-ANALYTICAL  PROFESSION ANALYTICAL	d Notification
OWNER: ALCOA, INC. EAST PLANT Address: 194 COUNTY ROUTE 45  Contact: CRAIG PEETS  REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC. Address: 63 TRADE ROAD  City: MASSENA  State: N.Y.   Z  Contact: GUY GRIFFIN  TOTHER OPERATOR: N/A  Address: N/A  Contact: GUY GRIFFIN  TOTHER OPERATOR: N/A  Address: N/A  Contact: N/A  III. TYPE OF OPERATION (D = Demolition / R = Renovation) : DEMOLITION  IV. IS ASBESTOS PRESENT? (*Ces/No): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Address: 194 COUNTY ROUTE 45  Address: NASENA  Site Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Suilding Size: ESTIM. 20,000 S.F.  N/A  Prior use: INDUST  II. PROCEDURE, INCLUDING ANALYTICAL, BULK SAMPLING-ANALYTICAL  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  RACM to be Removed  Category I  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SESSETOS BELOW:  N/A  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SESSETOS BELOW:  N/A  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SESSETOS BELOW:  N/A  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SESSETOS BELOW:  N/A  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-PRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SOURCE AS Square Maters  Dume RACM off Facility Component - Cubic Feet  DUME RACM Off Facility Component - Cubic Meters  SCHEDULED DATES OF ASBESTOS REMOVAL: (MMDDIVY) Surth DEMONSTREES  SCHEDULED DATES OF ASBESTOS REMOVAL: (MMDDIVY) Surth DEMONSTREES  SCHEDULED DATES OF ASBESTOS REMOVAL: (MMDDIVY) Surth DEMONSTREES  SCHEDULED DATES OF ASBESTOS REMOVAL: (MMDDIVY)	
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Contact: CRAIG PEETS  REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.  Address: 63 TRADE ROAD  City: MASSENA  State: N.Y.   Z  Contact: GUY GRIFFIN  OTHER OPERATOR: N/A  Address: N/A  City: N/A  City: N/A  Contact: N/A  II. TYPE OF OPERATION (D = Demolition / R = Renovation): DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/No): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  State: N.Y.   Contact: N/A  Ide Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Cuilding Name: ALCOA, INC. EAST PLANT  Idddress: 194 COUNTY ROUTE 45  Cuilding Size: ESTIM. 20,000 S.F.   SqMeter: N/A N/A   # of Floors: 2   Ag  Cuilding Size: ESTIM. 20,000 S.F.   SqMeter: N/A   N/A   Prior Use: INDUST  TO ASSESTOS MATERIAL:  AIR SAMPLING-ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  IL APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  SBESTOS BELOW: NOA-PRIOR   N/A   N/	
Contact: CRAIG PEETS  REMOVAL CONTRACTOR: OP-TECH ENVIRONMENTAL SERVICES, INC.  Address: 63 TRADE ROAD  City: MASSENA  Contact: GUY GRIFFIN  OTHER OPERATOR: N/A  Address: N/A  City: N/A  Contact: N/A  II. TYPE OF OPERATION (D = Demolition / R = Renovation) : DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/Rio): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Indidress:  City MASSENA  Its Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Wilding Size: ESTIM. 20,000 S.F.  PROSEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  II. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TOPS  POS - Linear Feet  RACM to be Removed  Category I  N/A  N/A  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TOPS  Inface Area - Square Meters  Inface Area - Square Feet  Inface Area - Square Meters  Inface Area - Square Meters  Inface Area - Square Meters  N/A  SCHEDULED DATES OF ASBESTOS REMOVAL: (MMMODYY), Statt. 100110/10014	I 10000
Address: 63 TRADE ROAD  City: MASSENA  Contact: GUY GRIFFIN  DTHER OPERATOR: N/A  Address: N/A  City: N/A  II. TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  V. Is ASBESTOS PRESENT? ((ves/l/o): YES  V. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Indidress: 194 COUNTY ROUTE 45  City: MASSENA  Ite Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Uilding Size: ESTIM. 20,000 S.F.  SqMeter: SqFt: N/A  VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Uilding Size: ESTIM. 20,000 S.F.  PROBEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  L APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TOPS  POS - Linear Feet RACM to be Removed Category I  Non-friable Asbestos BELOW:  NON-friable Asbestos Removed Category I  NON-friable	ZIP: 13662
Contact: GUY GRIFFIN  TOTHER OPERATOR: N/A  Address: N/A  City: N/A  City: N/A  City: N/A  Contact: N/A  II. TYPE OF OPERATION (D = Demolition / R = Renovation): DEMOLITION  V. Is ASBESTOS PRESENT? (Yes/No): YES  7. FACILITY DESCRIPTION (include building name, number and floor or room number):  Suilding Name: ALCOA, INC. EAST PLANT  Address: 194 COUNTY ROUTE 45  didress: 194 COUNTY ROUTE 45  didress: 194 COUNTY ROUTE 45  didress: Stity MASSENA  State: N.Y. Co  Resent Use: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  uilding Size: ESTIM. 20,000 S.F. Sqleter: N/A Sqlt: N/A Prior Use: INDUST  PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO SPECIFY TO SOLE ASSESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY	Tel: (315)
Contact: GUY GRIFFIN  OTHER OPERATOR: N/A  Address: N/A  Dontact: N/A  II. TYPE OF OPERATION (D = Demolition / R = Renovation): DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/No): YES  7. FACILITY DESCRIPTION (include building name, number and floor or room number):  Building Name: ALCOA, INC. EAST PLANT  Iddress: 194 COUNTY ROUTE 45  Iddress: 194 COUNTY ROUTE 45  Iddress: 194 COUNTY ROUTE 45  Iddress: Sqhter: Sqft: N/A  III. TYPE OF OPERATION (PLOUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT N/A  BESTOS BELOW:  NOn-friable Asb To be removed Category I N/A  III. TROOP TO THE TOP THE TO	
Contact: GUY GRIFFIN  OTHER OPERATOR: N/A  Address: N/A  Address: N/A  Dontact: N/A  II. TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/No): YES  7. FACILITY DESCRIPTION (include building name, number and floor or room number):  Ituliding Name: ALCOA, INC. EAST PLANT  Indidress: 194 COUNTY ROUTE 45  didress:  Ity MASSENA  Its Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  AND Prior Use: INDUST  OF ASSESTOS MATERIAL:  ALR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  LAPPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  Non-friable Asb  To be rem  POS - Linear Meters  N/A  N/A  II. TYPE OF OPERATION (Include building name, number and floor or room number):  II. ASPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFYT  Non-friable Asb  To be rem  Category I  N/A  II. TYPE OF OPERATION (Include Selection of	1 full house to
Address: N/A  City: N/A  Contact: N/A  Conta	ZIP: 13662
Contact: N/A  IL TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/No): YES  FACILITY DESCRIPTION (include building name, number and floor or room number):  uilding Name: ALCOA, INC. EAST PLANT  didress: 194 COUNTY ROUTE 45  didress:  ity MASSENA  State: N,Y.   Column    ity MASSENA  Its Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  uilding Size: ESTIM. 20,000 S.F.   SqMeter: SqFt: N/A   # of Floors: 2   Ag    prior Use: INDUST  PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY T  SOBS- Linear Feet   RACM to be Removed   Category 1    Des - Linear Meters   N/A   If A category 1    N/A   If A category 2    N/A   If A category 3    N/A   If A category 3    N/A   If A category 4    N/A   If A category 4    N/A   If A category 5    N/A   If A category 6    N/A   If A catego	Tel: 315-764-1917
State: N/A  ZI  Contact: N/A  II. TYPE OF OPERATION ( D = Demolition / R = Renovation) : DEMOLITION  V. IS ASBESTOS PRESENT? (Yes/No): YES  FACILITY DESCRIPTION (include building name, number and floor or room number):  Fullding Name: ALCOA, INC. EAST PLANT  Indiding Size: ESTIM. 20,000 S.F.  Indiding Name: ALCOA, INC. EAST PLANT  Indiding Size: ESTIM. 20,000 S.F.  Indicing Size: ES	7
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V. IS ASBESTOS PRESENT? (Yes/No): YES  TACILITY DESCRIPTION (include building name, number and floor or room number):  Liuiding Name: ALCOA, INC. EAST PLANT  Iddress: 194 COUNTY ROUTE 45  Iddress: 194 COUNTY Route 194  Iddress: 194 County 194  Iddress: 194  Iddress: 194 County 194  Iddress: 194 County 194  Iddress: 194  Id	Tel: N/A
FACILITY DESCRIPTION (include building name, number and floor or room number):  unididing Name: ALCOA, INC. EAST PLANT  didress: 194 COUNTY ROUTE 45  didress:  ity MASSENA  Ite Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  uniding size: ESTIM. 20,000 S.F.  Pesent Use: VACANT  Prior Use: INDUST  OF ASBESTOS MATERIAL:  AIR SAMPLING-ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE SELOW:  Non-friable Asbestos Below:  RACM to be Removed  Tobes - Linear Meters  Frace Area - Square Feet  Frace Area - Square Feet  Frace Area - Square Meters  Umber RACM off Facility Component - Cubic Feet  Umber RACM off Facility Component - Cubic Meters  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YX) State 100(1000000)	TREED, ROTE
Audiding Name: ALCOA, INC. EAST PLANT  Indicases: 194 COUNTY ROUTE 45  Indicases: 194 COUNTY ROUTE 45  Indicated Area - Square Feet  Indicated Area - Square Meters  Indicated Area - Square M	es ans remembers
didress: 194 COUNTY ROUTE 45  didress:  ity MASSENA  Ite Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  uilding size: ESTIM. 20,000 S.F.  Pesent Use: VACANT  Prior Use: INDUST  PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  OF ASBESTOS MATERIAL:  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  LAPPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO DESENTION BELOW:  PROCEDURE, INCLUDING ANALYTICAL  AIR SAMPLING-ANALYTICAL  APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO DESENT BELOW:  PROCEDURE THE PRESENCE  ARCM to be Removed  Category I  NON-friable Asbestos BELOW:  PROCEDURE THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO DESENT AND THE PRESENCE  ARCM TO BE REMOVED. SPECIFY TO THE PRESENCE  ARCM TO SERVE THE PRESENCE  ARCM TO SERVE THE PRESENCE  ARCM TO SERVE THE PRESENCE  ARCM TO	THISTA
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State: N.Y. Consider the Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  State: N.Y. Consider the Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Support the Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  Support the Location: Sqft: Sqft: N/A Prior Use: INDUST  Resent Use: VACANT Prior Use: INDUST  I. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  III. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO SBESTOS BELOW:  Non-friable Asbestos Below:  Non-friable Asb	100
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ite Location: VARIOUS LOCATIONS THROUGHOUT THE BUILDING  uilding Size: ESTIM. 20,000 S.F.  Present Use: VACANT  Prior Use: INDUST  PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE SECONS  PROCEDURE, INCLUDING ANALYTICAL, BULK SAMPLING-ANALYTICAL  II. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE SECONS  PROCEDURE METERS  PROCEDURE METERS  Non-friable Asbet to be removed  RACM to be Removed  Category I  N/A  PRIOR USE: INDUST  Non-friable Asbet to be removed  Category I  N/A  PROCEDURE METERS  NON-friable Asbet to be removed  Category I  N/A  PROCEDURE METERS  NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE	To CT LAW
Agesent Use: VACANT  Prior Use: INDUST  PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE SEED ON:  Non-friable Asbestos BELOW:  PRACM to be Removed  RACM to be Removed  Category I  N/A  Prior Use: INDUST  Non-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  N/A  Prior Use: INDUST  Non-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  N/A  Prior Use: INDUST  NON-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  N/A  N/A  Prior Use: INDUST  NON-friable Asbestos BELOW:  NON-friable Asbestos BELOW:  N/A  N/A  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YX) Start: 00/10/0016	County: ST. LAW
Prior Use: INDUST  I. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE  OF ASBESTOS MATERIAL:  AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  II. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO SEESTOS BELOW:  Non-friable Asbestos Below:  Prior Use: INDUST  Non-friable Asbestos Material That Will NOT BE REMOVED. SPECIFY TO SEESTOS BELOW:  Non-friable Asbestos Below:  Non-friable As	Age in Years: 80 +/-
AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO BE SEESTOS BELOW:    Non-friable Asbestos Below:	
AIR SAMPLING-ANALYTICAL, BULK SAMPLING-ANALYTICAL  I. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY TO SPECIF	USTRIAL PLANT
Non-friable Asb to be removed Series - Linear FeeT  Poes - Linear Meters  Inface Area - Square Feet  Inface Area - Square Meters  It was a square Mete	Labora III., sections
pes - Linear Meters  N/A  Inface Area - Square Feet  Inface Area - Square Meters  N/A  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 00/10/2016	Asbestos Material
rface Area - Square Feet  rface Area - Square Meters  rface Area - Square Meters  lume RACM off Facility Component - Cubic Feet  lume RACM off Facility Component - Cubic Meters  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 00/10/2016	Category II
Trace Area - Square Feet  Trace Area - Square Meters  Itume RACM off Facility Component - Cubic Feet  Itume RACM off Facility Component - Cubic Meters  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/VY) Start: 09/19/2016	N/A
tume RACM off Facility Component - Cubic Feet  Ume RACM off Facility Component - Cubic Meters  N/A  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/VY) Start: 09/10/2016	N/A
ume RACM off Facility Component - Cubic Feet  Ume RACM off Facility Component - Cubic Meters  N/A  SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 00/10/2016	N/A
SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 00/10/2016	N/A
SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/VY) Start: 09/10/2016	N/A
DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 00/10/0010	N/A
**DULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start: N/A Completion: N/A	LIBERT VERNER NO.

RNDMNOTF.WPD



September 12, 2016

Via Fax: 212-637-3998 Total <u>3</u> Pages

EPA NESHAPS Coordinator Air Facilities Branch 290 Broadway, 21<sup>st</sup> Floor New York, NY 10017

Re:

160 East 38th Street

Apt. 22A

New York, NY 10016

To Whom It May Concern:

Please be advised that the above noted Job Project has been put on HOLD temporarily.

I have enclosed for your information, a copy of Original Notification filed with your office.

Please do not hesitate to contact me should you require any additional information or clarifications.

Sincerely

Michael J. Caputo

President

### Notification of Demolition and Renovation

Δ.	Description	of Planned	Demolition or Ren	ovati	on Work. Ar	d Methodo	e) to be Tlead		
	YOUTH ANY OF TAD	m-enable - P	toor Title and Mastic	Uti	lizing Interio	r foam remo	val <del>m</del> ocadure.	ond on our all a	
	TTT THE THIRD	or entire ON SILE							
XI.	Description	of Engineer	ing Controls and V	Vork	Practices to	he ilsed to	control F-in	in	
	113Deato3 At	nie Demoill	ion and Kengyation	Site	<b>:</b>				
1	Non Friable Worl	k Procedures-	Wetting material before	е гегда	val. Worker/w	aste decontar	nination weit is	olation barriers, negative Air.	
XII.	Waste Tra	nsporter#	1			and docontain	minimuy unit, is	oration partiers, negative Air.	
	Name:	ATC Tra	nsportation Co., Ir	ic.		-		· · · · · · · · · · · · · · · · · · ·	_
	Address:	2 Morich	es Middle Island F	Rd.	1				
	City:	Shirley			State:	NY	Zip:	11967	•—
	Contact Per		Butch/Kenny	Ī			Tel:	631-924-5050	
	Waste Tra	usporter #2		1			101.	051-924-3030	
	Name:			1					
	Address:								
	City:			1	State:		Zip:		
	Contact Per	son::				A 41	Tel:		
W.	Waste Disp	osal Site					141.		
	Name:	Minerva E	interprises, Inc.						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address:	9000 Mine	erva Rd.					·	
	City:	Waynesbu	rg		State:	OH	Zip:	44688	
	Telephone:	330-866-3	435						
T	If Demolitio	n Ordered	by a Governmen	t Age	ency. Please	Identify	be Agency	Polomy	
	Name:	-				Tîtle:	the Agency	DEMOM!	
	Authority:					11110-			_
	Date of Orde	r (MM/DD/	YY):			Date O	rder to Benis	(MM/DD/YY):	_
V.	For Emerge					Duit	AGE TO DESIG	(MINDIDITY I ):	_
	Date and Hou	ir of Emerg	ency (MM/DD/YY	<del>ф.</del>			-		
	Description of	f the Sudde	n, Unexpected Eve	ent:			90		
	Explanation of	How the Eve	mt Caused Unsafe C	ondit	ions or Serio	is Distriction	n of industrial	Opposition	
						-o win aprio	o or mensurar	Operations:	
<b>V</b> ] j	Description of	procedures	to be Followed in ti	he Ev	ent that Une	vnocted As	hortes is f	3.5	_
]	Previously Nor	ifriable Asb	estos Material Beco	omes	Crumbled, F	niverized	or Poducod s	IQ DI	
					T. HILDING, A	uiverizeu,	or Kenncen t	o rowaer.	
Ap	plication of an	nended wate	er, Hepa vacuumin	19.					
VI I	certify that ar	n individual	trained in the prov	sion	s of this ream	lation (40 (	TED Davi 61	C-1	
	AA OW GITTE A	verring title th	CHIUHIIMH AT KEBAY	OTAT	t defined to resident to	And Almand Allan	D		
	zeconthimmen i	oy this perso	n will be available	for L	hspection/lu	ring-Norms	l Business ho	ours.	1
(	Required 1 yes	ar after Proi	nulgation)	11	/ <u>/</u>	( )		pl-1.	
				1/4	No.		·	9/2/16	
7 *	Coult 11 11		Signa	lure	of Owner/O	perator		Date	7
7 1	ceruiy that th	ie above info	ormation is correct		Mx N	6		011	
				7-1				_ 9/2/16	
			Signa	ture	of Owner/O	perator		Date	-
				- /	1				_

### UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway - 21<sup>st</sup> Floor New York, NY 10007-1866

NOTIFICATION OF DEMOLITION AND RENOVATION Operator Project # Postmark **Date Received** Notification I. TYPE OF NOTIFICATION (0 = Original / R = Revised) : Revised II. FACILITY INFORMATION ( Identify owner, removal contractor, and other operator) **OWNER: Dorothy Desulnier** Address: 74 Scarborough Circle City: Rock Hill State: NY ZIP:12775 Contact: Yvonne Tawil Tel:212-432-3055 REMOVAL CONTRACTOR: PRESTIGE DEVELOPMENT SERVICES INC Address:199 LINCOLN AVENUE SUITE 204 City: BRONX State: NY ZIP: 10454 Contact: CLAUDIA FITZPATRICK Tel:718-401-2744 OTHER OPERATOR: Address: City: State: ZIP: Contact: Tel: III. TYPE OF OPERATION ( D = Demolition / R = Renovation) : RENOVATION IV. IS ASBESTOS PRESENT? (Yes/No): YES V. FACILITY DESCRIPTION (include building name, number and floor or room number): **Building Name:** Address: 74 Scarborough Circle Address: City Rock Hill State: NY Sullivan Site Location: Basement **Building Size:** SqMeter: SqFt:1,232 # of Floors:2 Age in Years:43 Present Use: Commercial/ Office Building Prior Use: Commercial/Office building VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: VII. APPROXIMATE OF RACM TO BE REMOVED AND NON-FRIABLE ASBESTOS MATERIAL THAT WILL NOT BE REMOVED. SPECIFY THE AMOUNT OF **ASBESTOS BELOW:** Non-friable Asbestos Material not to be removed **RACM** to be Removed Category I Category II Pipes - Linear Feet **Pipes - Linear Meters** Surface Area - Square Feet 1,200 Surface Area - Square Meters Volume RACM off Facility Component - Cubic Feet

Volume RACM off Facility Component - Cubic Meters		
VIII. SCHEDULED DATES OF ASBESTOS REMOVAL: (MM/DD/YY) Start: 9/2/2016	Completion:9/21/2016	
IX. SCHEDULED DATES OF DEMOLITION/RENOVATION: (MM/DD/YY) Start:	Completion:	

NOTIFICATION OF DEMOLITION A	ND DEMONSTRATE	
NOTIFICATION OF DEMOLITION A  X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK,	AND METHOD(S) TO BE US	SED: INTERIOR FOAM, Tent
XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROL ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: negative	S TO BE USED TO PREVEN	NT EMISSIONS OF
AMMENDED WATER, HEPA VACS, AIRLESS SPRAYERS, PPE	un macimics, o Mile POLT, C	WILL FOLT WASTE BAGS,
XII. WASTE TRANSPORTER #1		
Name: Dial Transport		
Address:PO Box 20699		
City: Staten Island	State: NY	ZIP:
Contact Person:	Telephone: 888-646-99	903
WASTE TRANSPORTER #2		
Name:		
Address:		
City:	State:	ZIP:
Contact Person:	Telephone:	
XIII. WASTE DISPOSAL SITE		
Name: MINERva Enterprises		
Address: 9000 MINERVA ROAD SE		
City: WAYNESBURG	State: OH	ZIP: 44648
Telephone:		
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT AGENCY, PLEAS	SE IDENTIFY THE AGENCY I	BELOW
Name:	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begin (M	IM/DD/YY):
XV. FOR EMERGENCY RENOVATIONS		
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
Explanation of How the Event caused Unsafe Conditions or Serious Disru	ption of Industrial Operatio	n:
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT T	HAT UNEXPECTED ASBEST	TOS IS FOUND OR

XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS O SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENO	F THE REGULATION (40CFR PART 61
HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE I	FOR INSPECTION DURING NORMAL BUSINESS HOURS
(Required 1 year after promulgation), (	to the point of th
CTAKNE	9/7/14
Signature of Owner/Operator	Date
XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	-1 Au
TATAN	9/7/14
Signature of Owner/Operator	Date
Document2	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/9/16				Name of Building Owner/Operator (2) 356 Getty Ave, LLC													
	9/16 encies Notified	Timo Natification					e, LLC										
		Type Notification	K.			Street Address 356 Getty Avenue											
	EPA DEP	Initial Amended			City, State, Zip Code												
×	DOL	Amendmen Emergency		_	Clifto												
×	DOH DCA	justification) Cancellation	,	<b>'</b>	Name of Contact Telephone Number John Inglese 201-400-6060												
FACILITY INFORMATION									71-400-6								
Nar Fo	me of Facility Where A	Abatement is Takir	ng Place (	3)					Туре	e of Facility	(4)						
	eet Address			-		-			P	School (K- Subchapte		or than K	12\				
35	6 Getty Avenue								×	Other (i.e.	private	& comme	rcial	buil	dings	, hom	es,
City	(5) fton				The state of the s					etc.) are Feet	# 0	of Floors		E	ldg. A	\ge	
	Inty (6)				Country	Cada (7)			16,1		1			1	5		
	ssaic					Code (7) USE ONLY	)		NA NA	ent Use (Pr	ior if be	ing demo	lished	1)			
Nan	ne of Monitoring Firm	Hired by Building	Owner (8	)	ASCI	M No.		Name	of Aba	atement Co	ntracto	r (9)					-
	Environmental S	ervices								es, LLC							
510	0 Heron Drive, Su	uite 360						Street 407		ess Lincoln I	Highw	ay, Suite	e 50	0			
	, State, Zip Code dgeport, NJ 0801	16								Zip Code 19341							
Project Manager for Monitoring Firm									none N			License	No.				
	ny Alessandrini t Date (10)		Cahadul	24 C2		67-2276		484-				01161					
	26/16	Scheduled Completion Date (11) Name of OSHA Mo 10/28/16 EMSL						HA Monitor									
Occi	upancy Status During	Abatement (Chec	k Only O	ne)	Street /				Addre	SS							
×	Facility Closed/Vaca Abatement Performe	ted During Entire I	Period of	Abater	ment				Route 130 North								
	Other – Describe: _		iai Facility	Hours	S City, State, Zip Cinnamins				The state of the s								
Scop	oe of Work (Check All	That Apply)							,								
_	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure									
لننا	-100 01 01 <u>-1</u> 00 II		ш.	Jemon	Glovebag				ovebag Pro	=nclosure sbag Procedure Exempted (*) and Non-Friable Procedure							
			1-			1		×	No	n-Exempte	d (*) an	d Non-Fri	able			e ement	
	Location		1	Locati Normal	ly		Des	scription	of							pe	•
A	Asbestos-Containing N TO BE ABA			d Sole intena		Asbes	tos Cont	aining M	ng Material (ACM)			mount		_		Щ	_
	In Facility (13)		Cus	todial 8 (12)	Staff?	(i.e.		cing, VA	T, or	ation,		Specify or LF)		Remova	Repair	псар	Enclosure
	(13)		Yes	No	N/A		other n	niscellan	eous)					oval	air	Encapsulate	sure
*	See Attac	hed	100	110	10//				_				+	_			
													-	-			
													+				
													+	-			
Name	e of Registered Waste	e Hauler			JDEP W		Cubic '	Yards		Name of	Registe	red Land	<u> </u>				
Serv	ice Transport Gro	oup		Н	auler ID	No.	of Was	te		Minerva	-						
City,							Dispos	al Date		City, Stat							
	Castle, DE		1				TBD			Wayne	sburg,						
	pleted by Bally		Sr. P	roiect	Manag	aer	Si	gnature		3011	(h	1	Date 9/9/1	6			
				-,550		<i>.</i>		XIL	N/	tille	1 e	/	01 01 1	0			

#### ecoservices, LLC

Location of	Is location normally					- L V V	Abatem	ent Type	
Asbestos Containing Material (ACM) To Be Abated In Facility	used solely by Maintenance/ Custodial Staff? Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encap	Enclosure		
Building 1	na	acpi	1988 If	x					
Building 2	na	12' white floor tile	193 sf	x					
Building 5	na	асрі	825 If	x					
Building 6	na	асрі	525 lf	x					
Brick Building	na	9"x9" floor tile	1250 sf	x					
Brick Building	na	floor tile mastic	3925 sf	x					
Brick Building, boiler room	na	tank insulation	32 sf	×					
Brick Building, boiler room	na	асрі	20 If	×					
Single Story Masonry Building	na	9"x9" floor tile and underlying mastic	2600 sf	x					

## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY - REGION 2 Division of Enforcement & Compliance Assistance - Air Compliance Branch (DECA-ACB) 290 Broadway-21st Floor New York, NY 10007-1866 NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	DEMOCIT	Date F	Received	T	Notification
I. TYPE OF NOTIFICATION (O	= Original / R = Revised	d) : REVISE	D			
II. FACILITY INFORMATION ( Id	entify owner, removal co	ontractor, an	d other operator)			
OWNER: DCAS	y v	*	* *	· · · · · · · · · · · · · · · · · · ·		
Address:1 Centre Street, 16th Floo	,					
City: New York	<del>,</del>		State: NY		ZIP: 1000	07
Contact: Joseph Wagner			J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	Tel: 212-	669-3732
REMOVAL CONTRACTOR: JVN	Restoration Inc.					· · · · · · · · · · · · · · · · · · ·
Address: 47 Foster Road				· · · · · · · · · · · · · · · · · · ·		
City: Staten Island			State: New Yo	ork	ZIP: 103	09
Contact: John Tardy					Tel: 718-	-605-6256
		4	*			
Address:		XI	*		· · · · · · · · · · · · · · · · · · ·	
OTHER OPERATOR:						
Contact:					Tel:	
II. TYPE OF OPERATION ( D = D		tion) : R / As	bestos Remova	l Only		
V. IS ASBESTOS PRESENT? ()	(es/No): yes					
V FACILITY DESCRIPTION (	include building name	, number ar	nd floor or room	number):		
Building: Bronx Family Criminal Co	ourthouse		· · · · · · · · · · · · · · · · · · ·			
Address: 215 East 161st Street		-				
Address:		-				
City: Bronx		-	State: New Yo	ork	County: E	Bronx
Site Location: Interior - Various Loc	cations					
Building Size	SqMeter:	SqFt:		# of Floors:		Age in Years
		690,000				40+
Present Use:Other				Prior Use: Oth		
/I. PROCEDURE, INCLUDING AN OF ASBESTOS MATERIAL:	IALYTICAL METHOD, I Bulk/PLM (AHERA)	F APPROPI	RIATE, USED TO	DETECT THE	PRESENCE	
/II. APPROXIMATE OF RACM TO SPECIFY THE AMOUNT OF ASB	BE REMOVED AND N	ON-FRIABL	E ASBESTOS N	IATERIAL THAT	WILL NOT E	BE REMOVED.
SI EGILL THE AMOUNT OF AGE	LSTOS BELOW.		RACM to be Re	N		estos Material
PIPES - Linear Feet			Jategory II		7.1-	
PIPES- Linear Meters	à					
Surface Area - Square Feet				804		
Surface Area - Square Meters						
olume RACM off Facility Compone	ent - Cubic Feet					
olume RACM off Facility Compone	ent - Cubic Meters		<del></del>			
VIII. SCHEDULED DATES OF AS	SBESTOS REMOVAL:	(MM/DD/Y	Y) Start: (	09/10/2016 C	Completion: 07	l 7/01/17
C. SCHEDULED DATES OF DEMO	DLITION/RENOVATION	: (MM/DD/			Completio	

X. DESCRIPTION OF PLANNED DEMOLITION OF N/A	R RENOVATION WORK, AND M	ETHOD(S) TO BE USED:
XI. DESCRIPTION OF WORK PRACTICES AND ENGINE ASBESTOS AT THE DEMOLITION AND RENOVATION Negative air machines under HEPA filtration system	ERING CONTROLS TO BE USE DN SITE: m. Wet Methods.	D TO PREVENT EMISSIONS OF
XII. WASTE TRANSPORTER #1		
Name: Vandan Disposal, Inc.		
Address: 1009 Glen Clove Avenue		
City: Glen Head	State: New York	ZIP: 10474
Contact Person:		Telephone:
WASTE TRANSPORTER #2		reicphone.
Name: JVN Restoration Inc.		
Address: 47 Foster Road		
City: Staten Island	State: NY	7ID. 40000
Contact Person: John Tardy	Otate. 141	ZIP: 10309
XIII. WASTE DISPOSAL SITE		Telephone: 718-605-6256
Name: Minerva Enterprises Inc		
Address: 8955 Minerva Rd SE		
City: Waynesburg	State: OH	ZIP: 44688
Telephone: 330-866-3435		211 . 44000
XIV. IF DEMOLITION IS ORDERED BY A GOVERNMENT	AGENCY, PLEASE IDENTIFY T	HE AGENCY BELOW
Name: N/A	Title:	
Authority:		
Date if Order (MM/DD/YY):	Date Ordered to Begi	n (MM/DD/YY) :
XV. FOR EMERGENCY RENOVATIONS		(
Date and Hour of Emergency (MM/DD/YY):		
Description of the Sudden, Unexpected Event:		
<b>Explanation of How the Event caused Unsafe Conditions</b>	or Serious Disruption of Indus	trial Operation:
XVI. DESCRIPTION OF PROCEDURE TO BE FOLLOWED PREVIOUSLY NON-FRIABLE ASBESTOS BECOMES C	IN THE EVENT THAT UNEXPECTED, OR INTERPRETATION OF THE PROPERTY OF THE PROPERT	CTED ASBESTOS IS FOUND OR REDUCED TO POWDER:
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE F SUBPART M) WILL BE ON-SITE DURING TH REQUIRED TRAINING HAS BEEN ACCOMPLI INSPECTION DURING NORMAL BUSINESS H	SHED BY THIS DEDOON WILL	ON AND EVIDENCE THAT THE
John Tardy	09/09/20	216
Signature of Owner/Operator Project Manager  XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS C	ORRECT.	Date
John Tardy	09/09/20	016
Signature of Owner/Operator Project Manager		Date



### ACA ENVIRONMENTAL SERVICES, INC.

September 9, 2016 Via Federal Express

Mr. Victor Tu Asbestos NESHAP Coordinator U.S. Environmental Protection Agency Air Compliance Branch 26 Federal Plaza New York, New York 10278

Re:

New York State

Office of General Services

Eleanor Roosevelt State Office Building

Four Burnett Boulevard

Poughkeepsie, New York 12603

Dear Mr. Tu:

This project consists of an emergency cleanup of 205 square feet of spray-on fireproofing debris from Rooms 331A and 342. This emergency cleanup is being conducted because it was discovered that overspray was present on the backside of light fixtures that were removed from the ceiling. This was noticed after the light fixtures were lowered to the floor and fine pieces of asbestos fell to the floor as well.

We regard this as a "sudden unexpected event". Please find attached an emergency notification. If you have any questions, please do not hesitate to call.

Very truly yours,

Patrick Fitzgerald

President

PF/11

Enclosure

ACA2016102\EPAEmer

Asbestos NESHAPs Notifications Ü.S. E.P.A., Air Compliance Branch 290 Broadway, 21st Floor New York, NY 10007-1866 (212) 637-4000

#### NOTIFICATION OF DEMOLITION AND RENOVATION

	Operator Project #1	Postmark	D. ( D	· 1 NT .: 0		
	Operator Project #1	Postmark	Date Rece	eived Notific	ation #	
I. TYPE OF NOT	IEICATION (O - O	:1 D - D - :- 1 C	C 1 1) 0			
I FACILITY INC	IFICATION (O = Orig	inal R = Revised C =	Canceled): 0	<u> </u>		
OWNER NAM	ORMATION: (identify	owner, removal conti	actor, and other	r operator)		
Address:		k State Office of Gen rnett Boulevard	eral Services			
City:			. BI 17		-	
Contact person:	Poughke				Zip: 12	2603
CONTRACTO		mmonsTelephone:		31-5908		
Address:		vironmental Services,	Inc.			
City:	Yonkers	perhan Avenue	. N. 17			
Contact person:					Zip: <b>107</b>	03
OTHER OPER		Fitzgerald Tel.	(914) 9	65-5829		
Address:	ATOR: N/A					
City:	Ctata		77.			
Contact person:	State: Telephon	0.1	Zip:			
	RATION: (D = Demo					
V IS ASRESTOS	$\frac{\text{RATION: } (D = Demo}{\text{PRESENT? } (\text{yes/no})}$	$\mathbf{V} = \mathbf{K} = \mathbf{E} \mathbf{V} \mathbf{E} \mathbf{C}$	mergency Kend	ovation) E		
V FACILITY DE	SCRIPTION: (Include	building name number		1 \		
Building Name:	Floorer	Roosevelt State Office	r, and Hoor or i	room number)		
Address:		rnett Boulevard	Building			
City:			. N. N.			
Site Location:	Poughke	epsie State 31A and 342	: New Y	ork	Zip: <b>126</b>	03
Building Size:			1 CD1	4		
Present Use:	Prior Use		ber of Floors:	4	Age in Ye	ears: 1968
			55.74.78E			
DESENCE OF AS	INCLUDING ANALY BESTOS MATERIAL	TICAL METHOD, IF	APPROPRIAT	ΓE, USED TC	DETECT TI	HE
Air Monitorina	boratory services in a	ccordance with all fe	leral, state, an	d local regula	itions.	
Air Monitoring		gic of New York, Inc.		was the standard too		
Loh Analysis De	I nree Ne	ptune Road, Suite A1	0, Poughkeeps	ie, New York	12601	
Lab Analysis By		gic of New York, Inc.,				
VII. APPROXIMA			sbestos materia	al Indic	eate unit of me	easurement
OF ASBESTO	S INCLUDING:	not to be ren	oved	belov	W	
1 5 1 1 1 1	~~ .	a capacitation of				
		ACM to be removed	Cat I	Cat II	Ţ	JNIT
	CM not removed					
	ACM not removed					
Pipes	LnF		ın m:		-	
Surface Area	205 Sq Ft		Sq m:			
	Facility Component	Cul			Cu m:	
VIII. SCHEDULED	DATES ASBESTOS I	REMOVAL (MM/DD/	YY) Start:	09/09/2016	Complete:	09/12/2016
X. SCHEDULED	DATES DEMO/RENO	OVATION (MM/DD/Y	Y) Start:	NA	Complete:	NA
- SCILLD CLLLD	ZIIID DENIO/RENO	TITION (IVIIVI/DD/ I	1) Start.	INA	Complete:	NA

ACA Environmental Services, Inc.
Project Name: New York State, Eleanor Roosevelt State Office Building, Four Burnett Boulevard,
Poughkeepsie, New York 12603

Χ.	DESCRIPTION OF PI	LANNED DEMOLITION OR R	ENOVATIO	N WORK, AND M	(ETHOD(S) TO	BE USED:
	Cleanup, removal and	d disposal of 205 square feet of No. 16-1038 Procedures.	f sprayed-on	fireproofing debr	is using NYS D	OL
XI.	EMISSIONS OF ASB	ORK PRACTICES AND ENG ESTOS AT THE DEMOLITION e in full accordance with feden	N OR RENO	VATION SITE:		EVENT
XII.	WASTE TRANSPOR Name: Address: City: Contact Person:	TER #1 Vandan Disposal, Inc. 1009 Glen Cove Avenue Glen Head Mr. Vito Pesce	State:	New York (718) 991-2828	Zip: 115	45
	WASTE DISPOSAL Name: Address: City: Contact Person:	Minerva Enterprises, Inc. 9000 Minerva Road, SE Waynesburgh Mr. Mark Stefano	State: Telephone:	Ohio	Zip: <b>446</b> 8	88
	WASTE DISPOSAL Name: Address: City: Contact Person:		State: Telephone:		Zip:	
	Name: Authority: Date of Order (MM/D FOR EMERGENCY I		Title:	, PLEASE NOTIFY ed to begin (MM/D)		Y BELOW:
XVI.	Description of Sudden DESCRIPTION OF P IS FOUND OR PREV PULVERIZED, OR R Should additional as		ESTOS MAT	TERIAL BECOME:	S CRUMBLED,	
	I CERTIFY THAT AN 61, SUBPART M) WI THAT THE REQUIR AVAILABLE FOR IN (Required 1 year after	N INDIVIDUAL TRAINED IN LL BE ON-SITE DURING TH ED TRAINING HAS BEEN AC ISPECTION DURING THE NO promulgation)  Patrick Fitzgerald, Preside	THE PROVE E DEMOLITE CCOMPLISH DRMAL BUS (nt	ISIONS OF THIS FOLLOW OR RENOVATION OR RENOVATION OF THIS PER SINESS HOURS.  Autrick Articles Signature of Owner	REGULATION ( ATION AND EV SON WILL BE	(40 CFR Part TIDENCE (9/2016 Date)
XVI.	I CERTIFY THAT TH	HE ABOVE INFORMATION IS  Patrick Fitzgerald, President	(	Fature of Owner		/ <mark>9/2016</mark> Date)

### U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 1 of 2

Operator Project # 16128 Po	ostmark		D	ate Received			Notification #		
I. Type of Notification (check one	e): 🔽 O	riginal		Revised		Cance	eled		
II. Facility Description Building Name: VERIZON									
Address: 45 GIFFORD AVENUE	2000								
City: FAIRMONT	Sta	ate: NY		Zip Code: _1	13219		County: ONON	IDAGA	
Site Location : GENERATOR ROC	)M								
Building Size (square feet): 20,000		#	# of F	loors: 2		<i>F</i>	Age in Years: 50	)+	
Present Use: TOLL LOCATION		P	Prior U	Use: SAME					
III. Type of Operation (check one)	: Demo	Ordered De	emo	✓ Renovation	on _	Emergency	Renovation	Fire Training	
IV. Is Asbestos Present? (check or	W. Is Asbestos Present? (check one): ✓ Yes  No								
V. Facility Information	V. Facility Information								
Owner Name: VERIZON									
Address: 201 S STATE ST			-						
City: SYRACUSE				State: NY		Zip	Code: 13202		
Contact: MIKE ANDERSOI					-4122		Fax:		
Removal Contractor Name: ABSCOPE ENVIRONMENTAL, INC.									
Address: 7086 COMMERCIAL DRIVE									
City: CANASTOTA State: NY Zip Code: 13032									
		Telephone: (315)697-8							
Other Operator (demolition/	general):								
Address:						***			
City:			_	State:		Zip	Code:		
Contact:		Telep	phone	:: ()			Fax:	i	
VI. Procedure, including analytical	methods, empl	oyed to dete	ect the	presence of a	and to	estimate th	e quantity of RA	CM and	
Category I and Category II nor	1-friable ACM:								
PLM / TEM LAB ANALYSIS								Ì	
VII. Approximate Amount of Asbes	tos Materials:								
			No	on-friable Asb	estos N	Material	Non-friable Asl	nestos Material	
	RACM to be	Removed		to be Rer		Tator fai	NOT to be		
			C	ategory I	Cate	gory II	Category I	Category II	
Pipes (linear feet)									
Surface Area (square feet)	275								
Facility Components (cubic feet)									
VIII. Scheduled Dates Demolition or	Renovation:	Start: 0	9/19/	/16		Complete:	09/29/16		
IX. Dates for Asbestos Removal (N	/M/DD/YY)	Start: 0	9/19	/16		Complete:			
Days of the Week: Monday	Tuesday			Thursday	T	Friday	Saturday	Sunday	
		Wednesday Thursday Friday Saturday  6pm 6am to 6pm 6am to 6pm 6am to 6pm							

### U.S. EPA NOTIFICATION OF DEMOLITION AND RENOVATION

Page 2 of 2

X.	Description of planned Demolition or Renovation work to be performed and method(s) to be employed, including demolition or renovation techniques to be used and description of affected facility components:					
XI.	Description of work practices and engineering controls to be used to comply with the requirements, including asbestos removal and waste handling emission control procedures:					
NEGATIVE PRESSURE ENCLOSURE, WET METHODS, ASBESTOS ABATEMENT IN ACCORDANCE WITH 12 NYCRR PART 56						
XII.	Waste Transporter #1					
	Name:	ABSCOPE ENVIRONMENTA	AL, INC.			
	Address:	7086 COMMERCIAL DRIVE				
	City:	CANASTOTA	State:	NY	Zip Code: 13032	
	Contact:	ROBERT DUFFY	Telephone:	(315)697-8437		
		ransporter #2				
	Name:					
	Address:					
	City:		State:		Zip Code:	
	Contact:		Telephone:	( )		
XIII.	Waste Dis	sposal				
	Name:	HIGH ACRES LANDFILL				
	Address:	425 PERINTON PARKWAY				
	City:	FAIRPORT	State:	NY	Zip Code: 14450	
	Contact:			(585) 223-6132		
XIV.	Emergenc	Emergency Demolition (complete Item XIV only if this project is an Emergency Demo.)				
	1. Attach a copy of the Order to this notice.					
	<ul><li>2. Name of Authority Issuing Order:</li><li>3. Authority of Order (Citation of Code):</li></ul>		Λ.	Title:		
		ate of Order (MM/DD/YY):	ı	Data C		
XV.	4. Date of Order (MM/DD/YY):  Date Ordered to Begin  Emergency Renovation (Attach separate sheet with the following information if project is Emergency Renovation.)					
14.1.	<ol> <li>Date and Hour of the Emergency:</li> <li>Description of the Sudden, Unexpected Event:</li> <li>Explanation of how the event caused unsafe conditions or equipment damage or an unreasonable financial burden.</li> </ol>					
XVI.	Description of procedures to be followed in the event that unexpected RACM is found or non-friable ACM becomes					
NEGAT	crumbled, pulverized, or reduced to powder.  ATIVE PRESSURE ENCLOSURE, WET METHODS, ASBESTOS ABATEMENT IN ACCORDANCE WITH 12 NYCRR PART 56					
XVII.	I certify th	I certify that an individual trained in the provisions of NESHAP (40 CFR PART 61, SUBPART M) will be on -site during the Demolition or Renovation, and evidence that the required training has been accomplished by this person will be				
	a	vailable during norma business ho	as been accomplished	d by this person will be		
		ついたけし			Mars.	
		Signature of Owner/Operator	09/08/16 Date	Robert Duffy - V		
					nt Name and Title	
XVIII.	I acknowledge the existence of laws prohibiting the submission of false or misleading statements, and I certify that facts contained in this notification are true, accurate, and complete.					
		THAT > THE	09/08/16	Robert Duffy - V	/P	
q <del>-</del>		Signature of Owner/Operator	Date		nt Name and Title	